

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Phr</i>	<i>62814</i>	<i>10/01/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-4-00</i>
FORMALITY REVIEW	<i>TN</i>	<i>3870</i>	<i>11 01 00</i>
RESPONSE FORMALITY REVIEW	<i>SK</i>	<i>809</i>	<i>12-18-00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Best Available Copy

Claim	Date
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If more than 150 claims or 10 actions
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